

State Fiscal Year 2010-2011 Proposed Project Services to be Provided

Name of Proposed Project

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2010-2011 Proposed Project Services to be Provided

Name of Applicant Agency _____

Name of Proposed Project _____

Proposed Project Services To Be Provided		
In Column A, please check (✓) all corresponding services that the Proposed Project expects to provide to eligible individuals. <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>		
SERVICE TYPE		COLUMN A
Other Professional Services <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>	Hearing Screening	
	Nutrition Services Other than WIC (Women, Infants, and Children Supplemental Nutrition Program)	
	Occupational/Vocational Therapy	
	Physical Therapy	
	Pharmacy Services	
	Vision Screening	
Enabling Services <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>	Case Management	
	Child Care (during visit to clinic)	
	Discharge Planning	
	Health Education	
	Home Visiting	
	Interpretation/Translation Services	
	Nursing Home and Assisted-Living Placement	
	Outreach	
	Parenting Education	
	Transportation	